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## CERTIFICATION STATEMENT OF ASSURANCE CONCERNING CIVIL RIGHTS COMPLIANCE

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Internal Revenue Service. The Applicant agrees:

1. To conduct its activities so that no person is excluded from participation in, is denied the benefits of, or is subject to discrimination, as prohibited by the laws identified in paragraph 2 and implementing regulations, in the distribution or services and/or benefits provided under this financial assistance or grant program.
2. To compile, maintain and submit information to the Internal Revenue Service concerning its compliance with Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and the Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, in accordance with those laws and the implementing regulations.
3. To provide to the address shown on the Civil Rights Requirements statement, a copy of any finding issued by a Federal or State court or by a Federal or State administrative agency that the Applicant has discriminated on the basis of race, color, national origin, sex, age or disability.
4. To inform the public that persons who believe they have been discriminated against on the basis of race, color, national origin, sex, age or disability, in the distribution of services and benefits resulting from this financial assistance or grant program may file a complaint with the Department of the Treasury at the following address:

**Director, Office of Equal Opportunity Program  
Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Metropolitan Square – Room 6068  
Washington, DC 20220**

The Applicant agrees that compliance with this assurance constitutes a condition for continued receipt of Federal financial assistance and is binding on the Applicant, its successors, transferees and assignees.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

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(NAME AND TITLE OF AUTHORIZED OFFICIAL)

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(SIGNATURE OF AUTHORIZED OFFICIAL)

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(DATE)

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